

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-38690
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator CIMAREX ENERGY CO.		6. State Oil & Gas Lease No.
3. Address of Operator 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS		7. Lease Name or Unit Agreement Name CAUDILL SOUTH 21 FEE
4. Well Location Unit Letter: J : 2000 feet from the SOUTH line and 2220 feet from the EAST line Section 21 Township 15S Range 36E NMPM LEA County		8. Well Number #003H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,895' - GR		9. OGRID Number 215099
		10. Pool name or Wildcat CAUDILL; PERMO UPPER PENN

HOBBS OCD

JAN 02 2018

RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF I PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER:]	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: WELL PLUGGED AND ABANDONED 12/26/17.
--	--

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/19/17: SET 5-1/2" CIBP @ 10,250'; CIRC. WELL W/ M.L.F.; PRES. TEST CIBP X CSG. TO 750# - HELD OK; PUMP 75 SXS. CMT. @ 10,250'-9,667'; PUMP 25 SXS. CMT. @ 8,321'-8,051'; PUMP 25 SXS. CMT. @ 6,763'-6,603'.
12/20/17: PUMP 25 SXS. CMT. @ 4,600'; WOC X TAG CMT. PLUG @ 4,330'; PUMP 25 SXS. CMT. @ 3,150'; WOC X TAG CMT. PLUG @ 2,910'; PUMP 25 SXS. CMT. @ 2,070'; WOC.
12/21/17: TAG CMT. PLUG @ 1,848' (OK'D BY OCD); PERF. X SQZ. 55 SXS. CMT. @ 655'; WOC X TAG CMT. PLUG @ 495'; PERF. X CIRC. TO SURF., FILLING ALL ANNULI, 35 SXS. CMT. @ 100'-3'.
12/26/17: DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; VERIFY CMT. TO SURF. ON ALL ANNULI; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

Spud Date: MIRU: 12/15/17	Rig Release	Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms. Restoration Due By <u>12-20-2018</u>
---------------------------	-------------	--

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE <u>David A. Eyler</u>	TITLE: AGENT	DATE: 12/26/17
Type or print name: DAVID A. EYLER	E-mail address: <u>DEYLER@MILAGRO-RES.COM</u>	PHONE: 432.687.3033
For State Use Only		
APPROVED BY: <u>Kerry Fortner</u>	TITLE: <u>Compliance Officer</u>	DATE: <u>01-03-2018</u>
Conditions of Approval (if any):		